



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-14.0	Subject: WOUND DOCUMENTATION WITH OR WITHOUT PHOTOGRAPHY	
Reference: DOC Policy 4.5.2	Page 1 of 4 and x attachments	
Effective Date: March 16, 2014	Revised: June 1, 2017	
Signature / Title: /s/ Cindy Hiner / Health Services Manager		
Signature / Title: /s/ Tristan Kohut, D.O./ Medical Director		

I. PURPOSE

To accurately and efficiently document wounds with or without the use of photography and monitor the progression of wound healing; and to define the procedure for nursing documentation of wound care.

II. DEFINITIONS

Wound Assessment Tool – an easy to use full color ruler and wound assessment tool that standardizes and improves the quality and accuracy of wound assessment and treatment.

Olympus Tough TG-820 Digital Camera – the facility designated camera to be used for photographic wound documentation.

Photographic Wound Assessment Tool (PWAT) – a standardized documentation tool to be used in conjunction with wound photographs or at the bedside while directly visualizing the wound. The PWAT is not recommended for tunneling wounds with small openings or those covered by thick eschar. This tool is best used for, but not limited to the following types of wounds:

1. chronic full thickness diabetic foot ulcers, venous leg ulcers, and pressure ulcers where at least 50% of the wound base can be visualized;
2. wounds with distinct wound edges;
3. wounds that can be visualized all at once- *not* circumferential; and
4. wounds that have been cleansed and debrided (if appropriate), removing loosely adherent debris and/or dressing residue. If debris is still present after the wound cleansing, it will be considered to be part of the wound.

III. PROCEDURES

A. Infection Control & Prevention

1. Keep camera stored in designated case away from patient and wound supplies.
2. Wash hands before accessing the camera.
3. Remove the camera from its storage case and place next to the patient on a clean surface.
4. Take the photos while ensuring the camera does not touch the patient.
5. Place the camera back on the clean surface and wipe it with sanitizing wipes before removing it from the patient area.
6. Return camera to designated storage case and area.

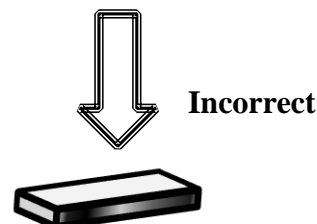
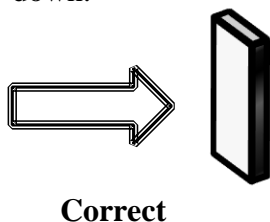
B. Camera & Equipment Use

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1. Remove the camera from the designated storage area and case.
2. Press the 'ON' button located on the top of the camera.
3. Do not change camera settings. Settings are preset to '**P**' (Program Auto) mode for best color and detail.
4. The '**P**' (Program Auto) mode settings are as follows:
 - a. Flash Setting- "Auto"
 - b. Macro Setting- "Macro"
 - c. Self-Timer Mode- "Off"
 - d. Exposure Comp.- "+0.3"
 - e. White Balance (WB)- "One Touch 1"
 - f. ISO- "Auto"
 - g. Drive- "Single"
 - h. Image Size- "12M"
5. If the camera is reset see the instruction manual, "Menu Index, p. 10" for instructions on how to program defined settings.

C. Image Composition & Consistency Techniques

1. Use natural light (no flash) when possible.
2. If the light source is behind you be sure your body does not cast a shadow.
3. Showcase the wound on a solid background. Dark blue or black draping's are best because they absorb the flash, if used, and decrease reflection off the patient's skin.
4. Avoid shiny or glossy under pads that reflect the flash, if used.
5. Avoid clutter in the background and towels or clothing with prints.
6. Position the patient in the same position for each set of photos to ensure consistency as the wound progresses.
7. Take the photos from the same angle each time. Hold the camera perpendicular to the wound *not* top down.



8. Take a minimum of three (3) photos per wound site.
9. Take photos at a distance of 12 inches with to highlight tissue texture, drainage, and color.
10. Preview shots taken to ensure the quality of the photos. Retake if necessary.

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D. Photographic Documentation Standards

1. All wounds requiring regular visualization will be documented using a PWAT with each assessment.
2. All wounds requiring regular visualization will be photographed once (1) per week or more frequently per physician's orders.
3. If there is no visual progression of healing after two (2) weeks will be reported to the provider.
4. If there are additional wounds in separate areas there must be a separate PWAT for each wound.
5. After the photo documentation session is complete photos must be printed in color, and then deleted from the camera and computer.
6. To delete photos from the camera the directions are as follows:
 - a. press the "Menu Button";
 - b. use the joystick and arrow to the left once; and
 - c. use the joystick to arrow down to delete.

E. Wound Site Preparation

1. Be sure to position patient in the same manner for photos, position should promote muscle relaxation.
2. Label the wound assessment tool with the proper information as follows:
 - a. date;
 - b. patient's name and the time;
 - c. patient's housing unit (in place of Loc.); and
 - d. clinician's name, printed.
3. Remove wound dressing if applicable.
4. Apply a wound assessment tool around the wound. Do not fold around the body.
5. Drape the surrounding area with dark blue or black to allow the wound to stand out. Use solid patterns for the background.

F. Photograph Documentation

1. Use the USB connection cable to connect the camera to the authorized computer.
2. Review the photos that were taken and choose the photo with the best color, quality, and clarity to print.
3. Ensure the Printer is set for color printing by following these steps:
 - a. open the print menu;
 - b. select "Configuration";
 - c. select "Printer Properties";
 - d. select "Color Mode"; and
 - e. click "OK".

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4. Print the photos in color as 3.5” (height) X 5.0” (width) in size by proceeding as follows:
 - a. open the print menu;
 - b. select the “Layout” Dropdown menu;
 - c. select “Single Custom”;
 - d. select the “Custom” dropdown menu;
 - e. select 3.5” X 5” size; and
 - f. click “Print”.
5. Cut out the Photo and affix it to the designated area on the PWAT

IV. CLOSING

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. Attachments

Patient Consent Form	attachment A
Patient Authorization for Release of Photos	attachment B
Photographic Wound Assessment Tool (PWAT)	attachment C

Montana State Prison Infirmary

CONSENT TO PERFORM
PHOTOGRAPHIC DOCUMENTATION

Date: _____

(Name of Patient)

(AO# of Patient)

1). I authorize and direct my provider and/or assistants of his choice to perform photographic documentation on me:

(Location of Wound/Area To Be Photographed)

2). The procedure in paragraph 1 has been explained to me by my physician and/or assistants of his choice. I understand the intended nature and use of the procedure to be as follows:

(Designation of procedure(s) in terms of what will be done to the patient's body and intended use(s))

3). I understand and confirm the following (read and initial):

- Photographs, digital or other images may be recorded to document my care.
- Montana State Prison will retain the ownership rights to these photographs, digital or other images.
- Photographs and corresponding documents may be used for educational and/or training purposes.
- I will be allowed access to view photographs, digital or other images, or obtain copies.
- These images will be stored in a secure manner that will protect my privacy.
- These images will be kept for the time period required by law or outlined in the Montana State Prison's policy.
- All images will be released and/or used outside Montana State Prison only upon written authorization from me or my legal representation.
- In the case of an emergency all images can and will be used to by the attending physician and/or additional health care staff to aid in my treatment.

Patient signature: _____

Witness signature: _____

Printed Name: _____

Printed Name: _____

Montana State Prison Infirmary

CONSENT TO RELEASE PHOTOGRAPHIC DOCUMENTATION RECORDS

Date: _____

Last Name First Name (Name of Patient)

(DOC# of Patient)

1). I authorize and direct my provider and/or assistants of his choice to release photographic documentation on me.

2). The record(s) in paragraph 1 has (have) will be released to me and/or the facility listed below by Montana State Prison. I understand the intended use and nature of the released record(s) to be as follows:

(Designation of record(s) in terms of where it (they) will be released and to whom it (they) will be released)

Patient signature: _____ Witness signature: _____

Printed Name: _____ Printed Name: _____

Montana State Prison Infirmary
Photographic Wound Assessment Tool (PWAT)

History of the wound _____

Patient Name: _____

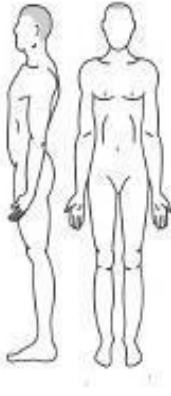
DOC ID # _____ Unit: _____

Initial Photo: ____ Yes ____ No

Follow-up Photo: ____ Yes ____ No

Discharge Photo: ____ Yes ____ No

Mark Location of the Wound



Exudate Foul Odor: ____ Yes ____ No

Type: ____ None ____ Serous ____ Serosanguinous

____ Effuse ____ Purulent

Amount: ____ Small ____ Moderate ____ Large

Ulcer Type Wound ____ L

Diabetic Ulcer: ____ Yes ____ No (Unstageable)

Pressure Ulcer:

____ Closed ____ Pre-Stage I ____ Stage I ____ Stage II

____ Stage III ____ Stage IV

____ Suspected Deep Tissue Injury ____ Unstageable

(at least III or IV)

(at least III or IV)

Ulcer Characteristics:

____ Blanchable ____ Non-Blanchable ____ Closed

____ Superficial ____ Partial Thickness ____ Full Thickness

Wound Cleansed With:

NS ____ Sterile Water ____ Other _____

Applied to Wound: (ie hydrogel, skintegrity, etc...)

***per order** (Record Quantity Used)

Wound Dressed with: (ie: telfa, gauze, ace wrap etc...)

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Left Anterior Posterior Right

Skin Temperature (compared to adjacent tissue):

☐ Cool ☐ Warm ☐ Dry ☐ Moist

Worst Tissue Type

(Circle If more than one option Per Category)

- ☐ Normal or Closed Skin (Epithelialized or Scar)
- ☐ Red/Pink/Erythema (intact skin)
- ☐ Opaque (intact serum filled blister)
- ☐ Red/Moist/Smooth/Shallow
- ☐ Red/Moist/Bumpy (Granulation)
- ☐ Exposed Muscle/Tendon/Bone/Cartilage
- ☐ Purple/Maroon/Deep Hues of Red (Or Blood Filled blister)
- ☐ Yellow (slough)
- ☐ Black/Tan (Eschar)
- ☐ Black/Tan (dried skin edge)
- ☐ Black/Tan (scab)

Texture

☐ Intact Skin ☐ Firm ☐ Bumpy ☐ Boggy

☐ Hard ☐ Bone ☐ Soft ☐ Normal

☐ Non-Intact ☐ Muscle ☐ Smooth ☐ Tendon

Clinical Comments:

Wound details:

Size (cm) (L x W): _____ Not Measured ☐

Depth (cm): _____ Not Measured ☐

Date/Time _____

Nurse Signature _____

Montana State Prison Infirmary
Photographic Wound Assessment Tool (PWAT)

Patient Name: _____

DOC ID # _____ Unit: _____

- ❶ Frame the Wound Assessment Tool around the wound (12 O'clock Position).
- ❷ Do not wrap tool around the body. Keep flat to maintain the tool's 90° angle.
- ❸ Camera must be perpendicular to the wound, and then take picture.
- ❹ Print the picture (size to 5x7).
- ❺ Delete pictures from the camera immediately after printing.
- ❻ On photo, mark the tissue damage edge using horizontal and vertical lines as shown above, then measure length and width.
- ❼ **Affix the photo in this box.**